

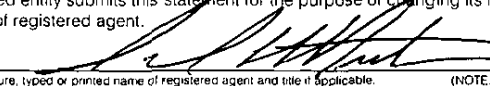
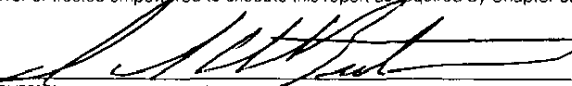


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 009 ****50.00

DOCUMENT # L05000076996					
1. Entity Name BERRY ROAD DEVELOPMENT, LLC					
Principal Place of Business 607 SOUTH ALEXANDER STREET SUITE 101 PLANT CITY, FL 33563			Mailing Address 607 SOUTH ALEXANDER STREET SUITE 101 PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 110 E REYNOLDS STREET Suite, Apt. #, etc. 205		3. Mailing Address 110 E REYNOLD STREET Suite, Apt. #, etc. 205			
City & State PLANT CITY FL		City & State PLANT CITY		01192007 Chg-LLC CR2E083 (12/06)	
Zip 33563		Country USA		4. FEI Number 20-3258918	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PETITJEAN, CYNTHIA M 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name DAVID W. BUTCHER Street Address (P.O. Box Number is Not Acceptable) 110 E REYNOLDS STREET STE B City PLANT CITY FL Zip Code 33563		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTCHER, DAVID 607 SOUTH ALEXANDER STREET # 101 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTCHER DAVID 110 E REYNOLDS STREET STE 205 PLANT CITY FL 33563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #